

TO:

RE:

Name

Social Security Number

FROM:

Thank you for your prompt response. All information is confidential.

Please contact \_\_\_\_\_  
at ( ) \_\_\_\_\_ if you have any questions.

## PERMISSION FOR RELEASE OF INFORMATION

**You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

Applicant/Tenant Address/ City / State / Zip Code

## THIS SECTION TO BE COMPLETED BY COUNTY HUMAN SERVICES AGENCY

Does the above address match your records? YES ☐ NO ☐ Number of Persons on Grant: ADULT(S) \_\_\_\_\_ CHILD(REN) \_\_\_\_\_

|                                     | Monthly Amount |     | Full Grant               |                             |
|-------------------------------------|----------------|-----|--------------------------|-----------------------------|
| Minnesota Family Investment Program | \$ _____       | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| Diversionary Work Program           | \$ _____       |     | <input type="checkbox"/> | <input type="checkbox"/>    |
| Work Benefit Program                | \$ _____       |     | <input type="checkbox"/> | <input type="checkbox"/>    |
| General Assistance                  | \$ _____       |     | <input type="checkbox"/> | <input type="checkbox"/>    |
| Other Assistance: Type _____        | \$ _____       |     | <input type="checkbox"/> | <input type="checkbox"/>    |

Effective date of grant: \_\_\_\_\_. If this person is not receiving the full grant, please explain why: \_\_\_\_\_

When do you anticipate the full grant will be reinstated? \_\_\_\_\_

Other known household income? YES ☐ NO ☐ Source & Monthly Amount: \_\_\_\_\_Does this person receive child support? YES ☐ NO ☐ If YES, what is the monthly amount? \$ \_\_\_\_\_. Total amount received during the last 12 months: \$ \_\_\_\_\_. If NO, has every reasonable effort been made by the applicant to collect any amount which may be due, including, but not limited to, filing with the appropriate courts or agencies responsible for the enforcement of any payments? YES ☐  
NO ☐ (Child support sanction) UNKNOWN ☐

## County Human Services Agency

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

Tel. #: \_\_\_\_\_

Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).